Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

3. CARRIER CONTAC Mr. Milton Long Name (301) 499-6800 Telephone 4. REGISTERED AGE *Complete section 4 The Metropolitan D Alexandria, Arlington	Other Telephone ENT INSIDE THE only if the principal District includes the	President *Title (301) 499-6 Fax METROPOLITAN place of business District of Colum	E-mail DISTRICT FOR in section 1 is out abia, Prince Geor	oortation@yahoo SERVICE Ol side the Metrop	F PROCESS olitan District.
Mr. Milton Long Name (301) 499-6800 Telephone 4. REGISTERED AGE *Complete section 4 The Metropolitan D Alexandria, Arlington	Other Telephone ENT INSIDE THE only if the principal District includes the	President *Title (301) 499-6 Fax METROPOLITAN place of business District of Columnch, and Dulles Airponch	E-mail DISTRICT FOR in section 1 is out abia, Prince Georort. For a full description 1.	oortation@yahoo SERVICE Ol side the Metrop	F PROCESS olitan District.
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Mr. Milton Long Name (301) 499-6800		President *Title (301) 499-6	811 miljen.transp		o.com
Mr. Milton Long Name (301) 499-6800		President *Title (301) 499-6	811 miljen.transp		o.com
Mr. Milton Long	T PERSON (at maili	President	m we should direct	inquiries):	
	T PERSON (at maili	1	m we should direct	inquiries):	
USDOT No.	DCTC No.	Virginia DMV passeng	ger carrier No. Ma	aryland PSC No.	
01501555	DCTC No.	Virginia DMV nassana	yor carrier No.	<u> </u>	
2. OTHER PASSENGE	ER CARRIER AUTH	ORITY (if applicable	e, list carrier/permi	it number):	
*Telephone	Other Telephone	Fax	E-mail	ii varemen	a Angelonia de la companya de la com
(301) 499-6800	F	(301) 499-6	811 miljen.transp	oortation@yaho	o.com
Mailing Address (If different fro	Apt./Suite Cit		State	Zip	
P.O. Box 6361		1.	.argo	MD	20792-6361
10501 Montana Terrace *Street Address of Principal Pi	lace of Business	Apt./Sulte Cit	Jpper Marlboro tv	MD State	20774-6034 Z ip
	er (as shown on certific		Inn 	1.40	00771 000
*WMATC No. *Name of Carrie	sportation, LLC	ate of authority)			
1229 Miljen Trans			<u>L</u>	Area Transit Co	tropolitan mmission
1	ATION:			Machinete	
	ATION:				
1		y before completing	this form.		2013

forr the	n of orga carrier's	nization that	any merger, consolidation or other chat occurred after the previous year's anno authority was issued. If no changes a prred.	ual report was	filed, or if	not applic	able, after
	•	on E					

6. *LI:	ST OF F	REVENUE V	EHICLES USED IN WMATC OPERA	ATIONS: (1)	ist your ve	ehicles be	elow or (2
Alla Ficet No. fapplicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate		*Seating Capacity	Wheelchalr Lift or Ramp Yes/No
•	1999	Ford	1FDXE40F4X1-1A37068	081139	mp	10	GK
2	2006	Gmc	1GD5511246F418060	081018	MD	28	NO
					<u> </u>		
'. *CEI	RTIFICA	TION:					
certify texamine	that this d it. and t	report, includ	ling any attachments, was prepared b mation contained in it is true, correct, a	y me or unde	er my supe	rvision, th	nat I have
m:	11	sa 2/	Aug	Mila	40		<i>O</i>
lame (type	or print)	1DE	Sign	ature		6	
itle (not re	equired for	sole proprietors)	*Date				